U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

5. Position in labor organization.

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Crws of the company o	
1. File Number U - 4209	2. Fiscal Year Covered From:
	1/1/05 Through: 12/31/05
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GEORGE D ROGERS	Name INT'L. BROTHER. OF BOILER MAKE
	Labor Organization File Number 600-074
P.O. Box, Bidg., Room No., if any SUITE B	P.O. Box, Building and Room Number, if any STE. S70
Street 18096 - KINGS ROW	Street 753-STATE AVE.
City HOUSTON	City KANS A.S. CITY
State TEXAS ZIP Code + 4 77058	State KANS A. S ZIP Code + 4 6619 /

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

INTER NATIONAL VICE PRESIDENT

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:		!		
P.O. Box, Bldg., Room No., if any				
		7.b. Amount.		
Street				
City				
State	ZIP Cxde + 4			

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete, (See the section on penalties in the instructions.)

Signed	CFAN	1	Rom	
			\mathcal{O}	

on 3/16/06 281-333-0423

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or indealing with your labor organization is interest.

8 Name and address of Business (including trade name, if any)

9. Business

Name BOILERMAKERS NATIONAL FUNK

Trade Name, if any

PO Box, Bldg , Room No., if any STE. 522

Street 754 - MINNESOTA AVE.

CON KANSAS CITY

State KANSAS

ZIP Code + 4 6 6 1 0 1

9. Business deals with.

a, Labor Organization

b Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

PO Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

NATIONAL BENEFITS: PENSION-ANNUITY-HEALTH & WELFARE JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

\$7.7B

12.a. Nature of interest held or income received.

1/05 PERISION - ANNUITY TRUST HEALTH& WELFARE ADMIN. HOTEL, AIR FARE, MEALS, ETC.

DIRECT ERENSE REIMBURGMENT

12.b. Amount.

\$6484.33

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

 Name and address of Employer or Labor Relations Consultant (including trace name, if any). 14.a. Nature of payment.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13 b. Is the Business an Employer

or Consultant

14.b. Amount of payment

Fite Number U-

<u> </u>	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or setting or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name BOIL ERMAKERS NACT. FUNDS Trade Name, if any: P.O. Box, Bldg., Room No., if any STE. 522 Street 754 MINNESOTA ANE. City KANSAS CITY State KS. ZIP Cixde + 4 66101	9. Business deals with A. Labor Organization b. Trust c. Employer
10 If 9.b. or 9 c. is checked give trust or employer's name. Name Trade Name, if any	11.a. Nature of such dealing NAUTIONAL BENEFITS: PENSION- ANNUITED - HEALTH & WELFARE
P O. Box, Bldg., Floom No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$7.78 12.a. Nature of interest held or income received. 3/05 - TRANSTEE METINGS HEALTH: (a) REALE-PENSION-
	ANNUITE · AIRFARE, HOTEL, WEYAS I ETC. DIRECT DIPENSE REIMBURSEMENT 12.b. Amount. \$ 2580.

C. Received from any employer (or from any labor relations consultant		
13.a. Name and address of Employer or (including trade name, if any).	Labor Relati∋ns Consultant	14.a. Nature of payment
Name		
Trade Name, if any:		, and the second
P O Box, Bldg , Foom No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b Amount of payment.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, salling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9 Business deals with Name BOILER MAKERS NAGIT. FUNDS a. Labor Organization Trade Name, if any P.O Box, Bldg , Room No., if any c. Employer Street 754- MINNESOTA AVE. CITY KANSAS CITY ZIP Code + 4 66 1 01 11.a. Nature of such dealing 10. If 9.b. or 9.c. is checked give trust or employer's name. NATIONAL BEXEFITS: PENSION -Name ANNUITY " HEALTH & WELFARE Trade Name, if any JOINTU TRUSTED P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. 4/05 PENSION INVESTMENT State ZIP Code # 4 COMMITTEE MEETING AIRFALE, HOTEL, MEALS, ETC-DIRECT EXPENSE REIMBURSEMENT

C. Received from any employer (other than an employer covered under parts A and B above)

or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and acdress of Employer or Labor Relations Consultant

14.a. Nature of payment.

12.b. Amount.

Name

Trade Name, if ary

P.O. Box, Bldg., Foom No., if any

(including trace name, if any).

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14 b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

1.9. Business deals with

Name BOILER MAKES MALT. FUNDS

Trade Name, if any:

PO Box, Bldg , Room No., if any 57E . 533 2

Street 754-MINNESOTAL AVE. CITY KANSAS CITY

State KS

ZIP Code + 4 66 101

a. Labor Organization

b. Trust

c. Employer

10 If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

NACTIONA BENEFITS: PENSION-ANNUITY I HEACTH & WELFARE

JOINTLY TRUSTED

11,b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received. 4/05 HEACTH & WARAGE PLAN DESIGN COMM - AND JOINT COMM. DN ADMIN. METINGS AIRAARE, POTELS MEALS, ETC. DIRECT EXCENSE REIMBURSEMENT

12.b. Amount.

14 a, Nature of payment.

C. Received from any employer (other than ar employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant

(including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment

B. Held an interest in or derived income or econorric benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name BOILERMAKERS NAUT. FUNDS

Trade Name, if any:

PO Box, Bldg., Room No , if any STE 522

Street 754-MINNESOTY-AVE.

City KANSAS CITY

State KS

ZIP Code + 4 66101

9. Business deals with

X

a. Labor Organization

b. Trus

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

NATIONAL BENEFITS: PENSION-ANNUITY, HEALTH & WELFARE

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

47.7B

12.a. Nature of interest held or income received.

CONTRACT NEGOT: - MEETING
WITH DOL (ANNUITY)
AIR FARE HOTEL, MEALS, ETC.
- DIRECT EXPENSE REIMBURSEMENT

12.b. Amount,

#1280.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). 14.a. Nature of payment

Name

Trade Name, if any:

P.O. Box, Bldg., Foom No., if any

Street

City

State

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOILERMAKERS NAUT. FUNDS

Trade Name, if any

PO Box, Bldg., Room No , if any STE- 522

Street 754L-MINNESOTH AVE

City KANSAS CITY

State KS.

ZIP Code + 4 66 10 1

9 Business deals with

a. Labor Organiza.ion

b. Trus

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any

P.O. Box, Bldg., Floom No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

NALTIONAL BENEFITS: PENSION-

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

\$7.7B

12.a. Nature of interest held or income received.

6/05 -TRUSTEE METTINGS -PENDING ANNUITY - HEALTH & WELFARE AIRFAME, HOTEL, MEALS, ETC.

- DIRECT GLOENSE REIMBURSEMENT

12.b. Amount.

\$2183.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment

Name

Trade Name, if any.

P.O. Box, Bldg., Foom No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

ZIP Code # 4

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, salling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8 Name and address of Business (including trade name if any) 9. Business deals with Name BOKERMAKERS NAK'I FUNDS X a. Labor Organization Trade Name, if any b. Trust PO Box, Bldg , Room No., if any STE. 522 c. Employer Street 754-MINNESOTH AVE. KANSAS CITU State ZIP Code + 4 6610 1 11.a. Nature of such dealing 10. If 9.b. or 9.c. is checked give trust or employer's name NACTIONAL BENEFITS: PENSION-Name ANNUITY ... I HEALTH & WEZFARE Trade Name, if any: JOINTLY TRUSTED P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received.

G/OS - BARBHINING COMM. CONTRACT NEGOT. AIR FARE, HOTEL, MEALS, BIC.

-DIRECT EXPENSE REIMBURGNENT

12.b. Amount.

\$1068.

C. Received from any employer (ot or from any labor relations consultant to			
13.a. Name and acdress of Employer or I (including trace name, if any).	abor Relations Consultant		14.a. Nature of payment
Name			
Trade Name, if ar y:			,
P.O. Box, Bldg., Floom No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consu tant	?	14.b. Amount of payment

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name BOILER MAKERS NAUT. FLIXOS

Trade Name, if any:

PO Box, Bldg., Room No., if any 57E. 532

Street 754-MINNESOTA AVE.

City KANSAS CITY

ZIP Code +4 66101

9. Business deals with.

a. Labor Organization

h Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer a name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

NATIONAL BENEFITS: PEXSION-ANNUITY - HEALTH & WELF ARE

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

#7.78

12.a. Nature of interest held or income received.

9/05 TRUSTEE MEETINGS -HEALTH & WELFARE - PENSION AIR FARE, NOTEL, MEALS, ETC--DIRECT EMPLYSE REIMBURSEMENT

12.b. Amount.

\$ 2132.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14 a. Nature of payment

14.b. Amount of payment

Name of Person Filling GEOKBE J. KOBOK	Fi'e Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, salling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or setting or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or idirectly to, or otherwise
8. Name and address of Business (including trade name if any). Name BOILERMAKERS NAL'T. FUNDS Trade Name, if any P.O. Box, Bldg., Room No., if any STE- S. 2. Street 75-4-MINNESOTVA AVE. City KANS AS CITY State KS ZIP Code + 4 6610 /	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg , Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing NALIT: BENEFITS: PENSION- ANNUITY - HEALTH & WELFARE 201NTILLY TRUSTED 11.b. Approximate dollar value of such dealing. \$7.7 B 12.a. Nature of interest held or income received. 12/05 BEALTHS WELFARE TRUSTEE MEETING MILEMBE (PASSNAL Can), Meds
	12.b. Amount. # 123.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of mone	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment
Name	
Trade Name, if any.	
P.O. Box, Bldg., Room No., if any	

14.b. Amount of payment

13 b. Is the Business an Employer

ZIP Ccde + 4

or Consultant

?

Street

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any) 9. Business deals with Name BOILERMAKERS NATIONAL Trade Name if a TV a. Labor Organization c. Employer 1017 -N. GH STREET KANSAS CITY ZIP Code + 4 /0 6 1 0 1 State 11.a. Nature of such dealing 10 If 9.b. or 9.c. is checked give trust or employer's name. NATIONAL APPROXICESHIP Name TRAINING Trade Name, if any JOINTLY TRUSTED P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. 5/05 - SEMI - ANNUAL TRUSTEE State ZIP Code + 4 MEETTN6 AIR PARE, HOTEL, MEALS, ETC--DIRECT EMENSE REIMBURSEMENT 12.b. Amount.

C. Received from any employer (or from any labor relations consultant		
13.a. Name and acdress of Employer o (including trace name, if any).	r Labor Relations Consultant	14.a. Nature of payment
Name		
Trade Name, if ary:		,
P.O. Box, Bldg., Floom No., if any		
Street		
City		
State	ZIP Code + 4	
13 b. Is the Business an Employer	or Consultant ?	14 b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents on is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any).

BOILER MAKERS NATIONAL

Name

APPRENTICES HIP PROGRAM

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street 1017 - N. 9th STREET

KANSAS CITY

State

ZIP Code + 4 66 10 1

9. Business deals with

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer siname

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing

NATIONAL APPRONTICESHIP TRAINING

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

9/05 - SEMI-ANNUAL TRUSTEE MEETING - NAUT. COMPETITION AND AWARDS.

-DIRECT EXPENSE REIMBURSEMENT

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment.

Name

Trade Name, if arry:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13 b. Is the Business an Employer

or Consultant

14.b. Amount of payment

File Number U-

B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or easing to, or oth of an employer whose employees your labor organization represents or is at (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any) MOBILIZATION - OPTIMIZATION - Name STABILIZATION & TRAINING Trade Name, if any: MOST POBOX, Bldg., RODM No., if any STE. BOO Street 753 - STATE AVE. City KANSAS CITU State KS. ZIP Code + 4 66101	9. Business deals with X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing NAUT. MANFOLDER RESERVE - WELD TESTING - DAMG TESTING - SAFETY TRAINING - RESPIRATOR FIT, ETC. JOINT W. TRUSTED
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Coce + 4	2/05 TRUSTEE MEETING-OWNED ADVISORY COMM. MEETINGS HOTER, MEALS, ETC DIRECT BURSERENT
	12.b. Amount. # 757.
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of mon	
13.2 Name and address of Employer or Labor Polations Consultant	14.a. Nature of payment.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O Box, Bldg., Room No., if any	
Street	
City	
State ZIP Ccde + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name MOBILIZATION - OFTIMIZATION-STABILIZATION & TRAINING

Trade Name, if any

MOST

P.O. Box, Bldg., Room No., if any 57E. ROD

Street 753-STATE AVE:

City KANSAS CITY

State KS

ZIP Code + 4 66 10 1

9. Business deals with:

X a, Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any

PO Box, Bldg, Room No, if any

Street

City

State

ZIP Code # 4

11.a. Nature of such dealing

NAUT-MANDOWER RESERVE - WELD TESTING - DRUG TESTING-SAPETY TRAINING - REPIRATO FIT, ETC-

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

12 M

12.a. Nature of interest held or income received.

8/05 TRUES TEE MEETING -OWNER ADVISING COMM. MEETINGS
AIR FARE, HOTEL, MEALS, ETC-DIRECT EXPENSE REIMBUREMENT

12.b. Amount.

1621.

C. Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any). 14 a. Nature of payment

Name

Trade Name, if ar y:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13 b. Is the Business an Employer

or Consultant

| '-" '

14 b. Amount of payment

P.O. Box, Bldg , Room No., if any

Street

City

State

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

ZIP Code # 4

File Number U-

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any).

BOLLIR MAKERS SOUTHERSTERN AREA 9. Business deals with JOINT APPRENTICESITH COMM. a. Labor Organization Trade Name, if any: SAJAC b. Trust P.O. Box, Bldg., Room No., if any Street 3715 - WPPER CREEK DRIVE c. Employer City RUSKIN State E.L. 11.a. Nature of such dealing 10. If 9.b. or 9.c. is checked give trust or employer's name AREA APPRENTICESHIP TRAINING Name Trade Name, if any:

> JOINTLY TRUSTED 11.b. Approximate dollar value of such dealing. # 3.75m

12.a. Nature of interest held or income received.

1/05 - QUI ARTERLY TRUSTEE MEETING - AIR FARE, HOTEL, MEALS IETC.

- DIRECT EXPENSE REIMBURSAMENT

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any). Name Trade Name, if ary: P.O. Box, Bldg., Floom No., if any Street City State ZIP Code + 4 14.b. Amount of payment 13.b. Is the Business an Employer or Consultant

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.a. Nature of payment

12.b. Amount.

Name

Trade Name, if ary:

P.O. Box, Bldg, Foom No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any).

Name AREA SOINT APPRENTICES HIP COMM

Trade Name, if any

P O Box, Bldg., Room No., if any

Street 3715-WPPER CREEK BRIVE

ON RUSKIN

State F/_.

ZIP Code + 4 33573-

6840

9. Business deals with:

🗶 a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

AREA APPRINTICESHIP TRAINING

JOINTLY TRUSTED

11.b. Approximate dollar value of such dealing.

\$3.75 m

12.a. Nature of interest held or income received.

AIRFARE, HOTEL, MEALS, ETC.

-DIRECT EXPEXSE REIMBURSEMENT

12.b. Amount.

#463.

C. Received from any employer (other than an employer covered under parts A and B above
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any). 14 a. Nature of payment

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Ccde + 4

13.b. Is the Business an Employer

or Consultant

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any). 9. Business deals with Name BROTHER HOOD BANK & TRUST a. Labor Organization Trade Name, if any: h Trust P.O. Box, Bldg., Room No., if any c. Emptover Street 756-MINNESOTIS A-VE. KANSAS CITY ZIP Cixde +4 66 101 State 11.a. Nature of such dealing 10 If 9.b. or 9.c. is checked give trust or employer's name. BANKING SERVICES FOR Name UNION, MEMBERS, COMMUNITY Trade Name, if any P.O. Box, Bldg., Room No. if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. OWN BANK STOCK SHARES State ZIP Code + 4

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trace name, if any).

14.a. Nature of payment

12.b. Amount.

Name

Trade Name, if any:

P.O. Box, Bldg , Room No , if any

Street

City

State

ZIP Ccde + 4

13 b. Is the Business an Employer

or Consultant

14.b. Amount of payment

Form LM-30 (2003)

4900.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, silling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8 Name and address of Business (including trade name if any). 9. Business deals with Name BROTHER HOOD BANK ATRUST a. Labor Organization Trade Name, if any b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 75\$ - MINNE SOTIS AUE. CITY KANS AS CITY State KC_ ZIP Code + 4 66101 11.a. Nature of such dealing 10. If 9.b. or 9.c. is checked give trust or employer's name BANKING SERVICES FOR Name UNION, MEMBERS, COMMUNITY Trade Name if any: P.O. Box, Bldg , Room No , if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest field or income received. DIRECTOR'S FEES-2005 State ZIP Code + 4 #12200-12.b. Amount.

C. Received from any employer (o or from any labor relations consultant t		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P O. Box, Bldg., Room No , if any		
Street		
City		
State	ZIP Ccde + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

ZIP Ccde + 4

or Consultant

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8 Name and address of Business (including trade name if any). 9. Business deals with. BROTHERHOOD BANK & TRUST a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 756 - MINNE SOTA AVE. CITY KANSAS CITY ZIP Code +4 66 101 State KS. 11.a. Nature of such dealing 10. If 9.b. or 9.c. is checked give trust or employers name BANKING SERVICES FOR Name UNION, MEMBERS, COMMUNIM Trade Name, if any P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. 7/05 State ZIP Code + 4 DINBACER 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

14.b. Amount of payment

Form LM-30 (2003)

Name

Street

City

State

Trade Name, if any

P.O. Box, Bldg, Room No, if any

13.b. Is the Business an Employer

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents on is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name BROTHER HOOD BANK & TRUST a. Labor Organization Trade Name, if any b. Trust PO Box, Bldg., Room No., if any c. Employer Street 756 - MINNESOTH AVE. KANSAS CITY ZIP Code + 4 (06 101 State 11.a. Nature of such dealing 10. If 9.b. or 9.c. is checked give trust or employer's name. BANKING SERVICES FOR Name UNION, MEMBERS, COMMUNITY Trade Name, if any P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. 12/05 State ZIP Code + 4 XIMAS BASKET 12.b. Amount.

14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No , if any

?

Street

13.b. Is the Business an Employer

City

ZIP Ccde + 4 State

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

or Consultant

14.b. Amount of payment